

APPLICATION



EMDRAA Practitioner Re-Accreditation Application

Please email completed forms and documents to accred@emdraa.org

Please ensure this form is completed in printed format and **NOT** handwritten.

NAME OF APPLICANT:

ADDRESS:

EMAIL ADDRESS:

CURRENT WORK SETTING AND POSITION:

SUPPORTING EMDRAA CONSULTANT:

SUPPORTING EMDRAA CONSULTANT EMAIL:

Have you provided your EMDRAA Accredited Consultant with:

Current registration/practicing certificate or professional membership certificate
Log of consultation hours

Please attach:

A reference letter from your EMDRAA Accredited Consultant
A second reference from a supervisor or professional colleague.
An up-to-date curriculum vitae (CV).
Receipt for re-accreditation application fee payment.

Please note that there are issues with the form when non-Adobe software is used to fill in the form. The most common culprits are Apple Preview and the various PDF plugins in browsers such as Chrome, Firefox, Safari, etc., which no longer support the Adobe plugin. Please save the file, do not open it in a browser window, and then open it using Adobe Acrobat or Reader.

Criteria for Re-Accreditation as an EMDRAA Practitioner

1. Holding current EMDRAA Full Membership, which includes maintaining the requirements of Full Membership at all times; see www.emdraa.org for details
2. Minimum of 75 HOURS of continuing professional development is required, with at least 50 of those hours relating to EMDR (please complete EMDR Continuing Professional Education and Development Record, below).
3. Letter of recommendation from an EMDRAA Consultant who can comment on your standing and contribution within the field of EMDR Therapy (the Consultant must also be in a position to comment on your ability as an EMDR clinician).
4. Evidence of attendance at one national or international EMDR conference and **at least three** of the following activities to cover the previous five-year registration period:
 - a. participation in EMDR training
 - b. participation in EMDR conferences
 - c. attendance and/or participation in EMDR focused workshops
 - d. EMDR Consultation (please provide details of the number of consultation sessions attended)
 - e. relevant publications relating to EMDR
 - f. EMDR research focused activity
 - g. contribution to raising the profile of EMDR
5. Please provide this evidence on the Continuing Professional Education and Development Record
6. Evidence of payment of the re-accreditation application fee of \$150.00+GST

All applications will be reviewed through the EMDRAA Accreditation and Standards Committee. When approved by the Committee re-accreditation is for a period of five years.

EMDR Continuing Professional Education and Development Record

A minimum of 75 hours over five years, with at least 50 hours to be EMDR specific.

Date:	
Activity (e.g. title of study day, webinar, conference, book, journal article):	
Duration in hours:	

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EMDRAA Accredited Consultant's Recommendation

An EMDRAA Accredited Consultant is required to provide detailed reasons for recommending the applicant's re-accreditation as an EMDRAA Practitioner.

EMDRAA Consultant Name:

EMDRAA Consultant Signature:

Date:

Applicant Name:

Applicant Signature:

Date:

Second Reference in Support of an Application for

EMDRAA Practitioner Re-Accreditation

I support this application for re-accreditation as an EMDRAA Practitioner for:

Name of Applicant:

	Head of Service/ Clinical Manager
	Professional Colleague
	Academic Colleague
	Clinical Supervision Group Member

I can confirm the applicant's experience in the practice of EMDR therapy and that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

It will be helpful if you could comment on the applicant's integration of EMDR therapy into their general work and if possible, provide details and examples of the following:

- Benefits to the service and clinical outcomes regarding the applicant's use of EMDR Therapy.
- Feedback from clients and or clinical colleagues regarding the applicant's use of EMDR Therapy
- Examples of how the applicant has promoted / developed EMDR therapy through education / teaching

Please provide this information in the form of a short report on the next page or a separate page if required.

Second Reference Print Name:

Second Reference Signature:

Date: